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CENTRAL FAX CENTER****FAX TRANSMISSION****JUN 27 2005****DATE:** June 27, 2005**PTO IDENTIFIER:** Application Number 10/736,493-Conf. #3812
Patent Number**Inventor:** Kenneth P. Reeve**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (703) 872-9306**FROM:** EDWARDS & ANGELL, LLP

Robert J. Tosti

PHONE: (617) 517-5584**Attorney Dkt. #:** 62900-DIV (71589)**PAGES (Including Cover Sheet):** 4**CONTENTS:** Revocation of Power of Attorney with New Power of Attorney and Change of Correspondence
Address (1 page)
Statement Under 37 CFR 3.73(b) (1 page)
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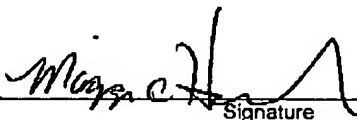
Application No. (if known): 10/736,493

Attorney Docket No.: 62900-DIV (71589)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/736,493-Conf. #3812
	Filing Date	December 15, 2003
	First Named Inventor	Kenneth P. Reeve
	Art Unit	N/A
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	62900DIV(71589)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 21874☒ Please change the correspondence address for the above-identified application to:☒ The address associated with
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OR

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☐ Applicant/Inventor.☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature

Name

Date

Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: Kenneth P. ReeveApplication No./Patent No.: 10/736,493 Filed/Issue Date: December 15, 2003Entitled: DELIVERING AN AGENT TO A PATIENT'S BODYBoston Scientific Scimed, Inc.(fka Scimed Life Systems, Inc.) a Corporation

(Name of Assignee)

(Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)

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The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

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Date

Jeff Z. Mann, Esq.

Printed or Typed Name

Assistant Secretary

Title

508/652-5955

Telephone Number